

**RECEIVED  
CENTRAL FAX CENTER**

**NOV 22 2005**

<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center">(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission: 7</p>	Application Number	10/017,640
	Filing Date	December 14, 2001
	First Named Inventor	William Matz
	Art Unit	3629
	Examiner Name	J. P. Ouellette
	Attorney Docket Number	BS01342

**ENCLOSURES**

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Walters</i>		
Date	11/22/05		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	11/22/05
Signature	<i>Maureen M. Pettine</i>		

**RECEIVED  
CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****NOV 22 2005****In re application of:** William Matz et al.**Group Art Unit:** 3629**Application No.:** 10/017,640**Examiner:** J. P. Ouellette**Filed:** December 14, 2001**Title:** "System and Method for Identifying Desirable Subscribers"**VIA FACSIMILE 571-273-8300****Attn:** Examiner J. P. Ouellette**37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/22/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

November 22, 2005

Date of Transmission

11/23/2005 TL0111 00000022 10017640

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**INFORMATION DISCLOSURE STATEMENT**

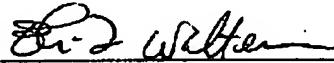
Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5,796,952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: 11/22/05

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

Examiner Name J. P. Ouellette

Art Unit 3629

Attorney Docket No. BS01342

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NOV 22 2005

TOTAL AMOUNT OF PAYMENT

\$180.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

## The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

x \_\_\_\_\_

Fee Paid (\$)

= \_\_\_\_\_

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x \_\_\_\_\_

Fee Paid (\$)

= \_\_\_\_\_

HP=highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

## SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.  
(Attorney/Agent)

45,197

## Complete (if applicable)

Telephone:

(757) 253-5729

Signature

*Bambi F. Walters*

Date

11/22/05

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Application Number		10/017,640	
		Filing Date		December 14, 2001	
		First Named Inventor		William Matz	
		Examiner Name		J. P. Ouellette	
		Art Unit		3629	
		Attorney Docket No.		BS01342	
TOTAL AMOUNT OF PAYMENT				\$180.00	
<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:					
<b>The Director is authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>					
<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	600
Provisional	200	100	0	0	0
<b>2. EXCESS CLAIM FEES</b>					
Fee Description		Fee (\$)		Small Entity Fee (\$)	
Each claim over 20 (including Reissues)		50		25	
Each independent claim over 3 (including Reissues)		200		100	
Multiple dependent claims		360		180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____ - 20 or HP = _____	_____	x _____	= _____	Fee (\$)	Fee Paid (\$)
				_____	_____
HP=highest number of independent claims paid for, if greater than 3.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
_____ - 3 or HP = _____	_____	x _____	= _____		
HP=highest number of independent claims paid for, if greater than 3					
<b>3. APPLICATION SIZE FEE</b>					
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Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	_____ / 50	_____ (round up) x _____	= _____	Fee Paid (\$)	
<b>4. OTHER FEE(S)</b>					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): Supplemental IDS				\$180.00	
SUBMITTED BY:			Complete (if applicable)		
Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	Telephone:	(757) 253-5729
Signature	<i>Bambi F. Walters</i>		Date	11/22/05	